

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

5000 6/21/05

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: 5/11/05		2 Serial/Patent # 10/530043							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input checked="" type="checkbox"/>	Filing <i>fee change</i>		\$ 50						
<input type="checkbox"/>	Amendment		\$						
<input type="checkbox"/>	Extension of Time		\$						
<input type="checkbox"/>	Notice of Appeal/Appeal		\$						
<input type="checkbox"/>	Petition		\$						
<input type="checkbox"/>	Issue		\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$						
<input type="checkbox"/>	Maintenance		\$						
<input type="checkbox"/>	Assignment		\$						
<input type="checkbox"/>	Other		\$						
		7 TOTAL AMOUNT OF REFUND \$ 50							
		8 TO BE REFUNDED BY: CC							
9 REASON:		Treasury Check							
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:						
<input type="checkbox"/>	Duplicate Payment	9 <table border="1"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td></tr></table>				--			
		--							
<input type="checkbox"/> No Fee Due (Explanation):									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: Rita White		TITLE: Legal Assistant Examiner							
SIGNATURE: <i>Rita White</i>		PHONE: 7/308-9140-xt 23							
OFFICE: SO/EO									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: _____		DATE: _____							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B